

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079775

FILED
Feb 15, 2008
Secretary of State

Entity Name: FIRST CHOICE RX - INFUSION, LLC.

Current Principal Place of Business:

111 NW 183RD STREET, SUITE 110
MIAMI GARDENS, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

111 NW 183RD STREET, SUITE 110
MIAMI GARDENS, FL 33169 US

New Mailing Address:

FEI Number: 04-3822939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATTS, YOLANDA
111 NW MIAMI GARDENS DR, SUITE 110
MIAMI GARDENS, FL 33169 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MCCRAY, MICHAEL
Address: 111 NW 183RD STREET, STE 110
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: VP () Delete
Name: PRATTS, YOLANDA
Address: 111 NW 183RD STREET, STE 110
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: S () Delete
Name: ALLEGUE, AMELIA
Address: 111 NW 183RD STREET, STE 110
City-St-Zip: MIAMI GARDENS, FL 33169 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: YOLANDA PRATTS

VP

02/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date